

EXHIBIT

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Nationwide

LIPSON, NEILSON, COLE

Fax: 248-593-5040

02/17/03 p.m.

Dec 14 2010 04:20pm

P003/007



Nationwide Life Insurance Company
 Nationwide Life and Annuity Insurance Company
 Nationwide Life Insurance Company of America
 Nationwide Life and Annuity Company of America
 P.O. Box 102835, Columbus, OH 43218-2835
 Hereinafter referred to as the Company
 www.nationwide.com

BENEFICIARY CLAIM FORM**Customer Contact Information**

Nationwide: 1-800-243-6295

TDD: 1-800-238-3035

Fax: 1-888-677-7393

Section 1: General Information - Please print.

Please accept our deepest sympathies for your loss. This form is designed to collect information needed to complete your claim.

IMPORTANT: Sections 1, 2, and 5 must be completed.

A certified Death Certificate bearing the seal of the appropriate local, state or federal agency issuing the certificate must accompany this completed form.

Each beneficiary must complete a separate claim form.

To expedite the processing of this claim, you can fax the completed claim form along with a copy of the certified death certificate to 1-888-677-7393.

1a. Deceased Information.

Existing Policy Number(s):

L034 804 300

(required)

Deceased First Name:

GARY

Deceased Last Name:

LUPILOFF

Date of Death:

JULY 13, 2010

1b. Beneficiary Information. Must be completed.

Beneficiary Name:

Nicole Renee Lupiloff

Residential Address:

c/o Albert Holtz 3910 Telegraph

(PO Box address is not accepted)

City/State/Zip Code:

Bloomfield Hills MI 48302

Mailing Address:

SAME AS ABOVE

(if different than residential)

City/State/Zip Code:

SSN:

Date of Birth:

Daytime Telephone Number:

E-Mail:

The next Section, Settlement Options, provides three distribution options for your death benefit proceeds. For information about what other options are available to you, please call us at 1-800-243-6295 or TDD: 1-800-238-3035.

7/12/14/2010 3:18:52 PM [Central Standard Time] OHCOLAPP0736 7393 248 693 6040 02-18 NEVIS4

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Section 2: Settlement Options - Please select one option.

Please Note: Policy owners have the option to choose in advance how their beneficiaries will receive the money. If that is the case for you, we'll carry out the policy owner's instructions and provide complete details to you in writing.

☐ **Option 1 - Lump Sum Payment Option - Nationwide Bank Secure Money Market Account**

We will establish a Nationwide Bank Secure Money Market Account in the beneficiary's name and deposit all proceeds into the account. You will have immediate access to these proceeds by check and this account will earn interest.

Benefits of the Nationwide Bank Secure Money Market Account:

- An attractive variable tiered rate of interest.
- A safe account to hold funds separate from your everyday funds.
- FDIC insurance coverage, up to \$250,000 per depositor.
- Free personalized checks provided by Nationwide Bank.
- Dedicated Customer Care Specialists ready to help you when you call them at 1-877-422-8569.
- No monthly service fees.

The following fields **MUST** be completed for the Nationwide Bank Secure Money Market Account option:

ID#: _____ Issue State: _____ ☐ Driver's License ☐ Military ID ☐ State ID

Please note: For your protection, accounts are reviewed under US banking rules to confirm eligibility. Interest earned is reportable to the IRS. Please consult your tax advisor for additional information.

☒ **Option 2 - Lump Sum Payment Option - Single Check or Direct Deposit**

This option provides a single full payment. You can choose from receiving the death benefit proceeds either in the form of a check or have it transferred to your checking or savings account.

Benefits of a Single Check:

- One transaction access to your money.
- Flexibility to transfer directly into your checking or savings account.

Important: Please select either check or direct deposit from below.

- ☒ Check (a check will be mailed to you using the address entered on page 1, section 1b.).
- ☐ Direct Deposit (complete the information and follow the instructions below).

Financial Institution Name: _____

Financial Institution Phone Number: (____) _____

You must attach a voided check if depositing into your checking account. If depositing into your savings account, a letter from your financial institution will be required. The deposit into your checking or savings account will normally occur four (4) business days after the date the claim transaction is processed. Please note deposit slips are not acceptable.

Important: If a voided check (or letter from your bank/financial institution) is not included, a check will automatically be mailed to the address you provided us. The checking/savings account holder must be the same as the beneficiary.

7 12/14/2010 3:18:52 PM [Central Standard Time] OHCOLAPP0736 7393 248 593 5040 02-18 NFV194

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Nationwide

LIPSON, NEILSON, COLE

Fax: 248-593-5040

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Dec 14 2010 04:20pm

P005/007

Section 3: Taxpayer ID Certification:

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Certification – Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or that I am exempt from backup withholding, and
- (3) I am a United States citizen (including a U.S. resident alien).

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Section 4: State Fraud Statements:

Alabama, Alaska, Arizona, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Montana, Nebraska, New Hampshire, Mississippi, Ohio, Oklahoma, Oregon, Puerto Rico, Rhode Island, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin and Wyoming Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

Arkansas Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Important Notice: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department or regulatory agencies.

District of Columbia. Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas, Nevada, North Carolina and North Dakota Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

Louisiana Caution: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Missouri Caution: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. **Fraud Statement:** Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

7 12/14/2010 3:18:52 PM [Central Standard Time] QHCOLAAPP0736 7393 248 683 5040 02-18 NFV154

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Nationwide

LIPSON, NEILSON, COLE

Fax: 248-593-5060

02:20:26 p.m.

Dec 14 2010 04:21pm

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Section 4: State Fraud Statement, continued

New Jersey Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Virginia Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

Section 5: Authorization/Signature Required

If I selected the Nationwide Bank Secure Money Market Account Option, I understand and agree, by signing this form that Nationwide Bank will access and utilize consumer report information to open my account. I authorize my information to be shared with Nationwide Bank, for purposes of establishing my Secure Money Market Account. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, Nationwide Bank asks for my name, address, date of birth, and other information that will allow them to identify me. Nationwide Bank may ask to see my driver's license or other identifying documents.

I certify under penalties of perjury that all statements are true, correct and complete to the best of my knowledge and belief. I understand that the furnishing of this form by the Company does not constitute an admission that there is any insurance in force.

Nicole R. Lupton
Signature of Beneficiary
(Individual Beneficiary)

12/13/10
Date

[REDACTED]
Social Security Number

Signature of Legally Appointed Guardian

Date

Minor Beneficiary's Social Security Number

(Individual Beneficiary is a minor or mentally incompetent person) A certified copy of guardianship papers must be furnished.

Please contact our Customer Service Center at 1-800-243-6285 if you have any questions. If you have a Telecommunications Device for the Deaf (TDD), you may access our TDD services at 1-800-238-3035. Customer Service Representatives are available to assist you Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

To expedite the claim process, you may overnight the completed claim form along with any other required form(s) to the following address:

Nationwide Life Operations
RR1 - 04 - D4
5100 Rings Rd.
Dublin, Ohio 43017

7 12/14/2010 3:18:52 PM [Central Standard Time] OHCOLAPP0736 7393 248 693 6040 02-18 NFV184

LIPSON, NEILSON, COLE Fax: 248-593-5040
STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

Dec 14 2010 04:21pm P007/007

1016

STATE FILE NUMBER
3328231

1. DECEASED'S NAME (Last, First, Middle Initial) Gary Harmon Lupilloff		2. DATE OF BIRTH (Month, Day, Year) [REDACTED]	3. SEX Male	4. DATE OF DEATH (Month, Day, Year) [REDACTED]
5. PLACE AT WHICH CHIEF OF DEATH (Under 1000 PERSONAL BUSINESS, please specify in detail) William Beaumont Hospital		6. AGE (Last, First, Middle Initial) [REDACTED]	7. YEARS OF AGE [REDACTED]	8. DAYS [REDACTED]
9. LOCATION OF DEATH (If death occurred in a hospital, please specify the name and address of the hospital) William Beaumont Hospital		10. CITY, VILLAGE OR TOWNSHIP OF DEATH Royal Oak		11. COUNTY OF DEATH Oakland
12. DECEASED'S RESIDENCE Michigan	13. COUNTY Oakland	14. CITY, VILLAGE OR TOWNSHIP OF DEATH Royal Oak	15. STREET AND NUMBER (Include apt. No. if applicable) [REDACTED]	
16. ZIP CODE 48073	17. BIRTHPLACE (City and State or Country) Detroit, Michigan	18. SOCIAL SECURITY NUMBER [REDACTED]	19. DECEASED'S EDUCATION - Was he/she/it a graduate of high school, college, university or other institution? High Degree	
20. RACE White	21. ANCESTRY - The race of the deceased's father, mother, and other ancestors Russian	22. RESERVATION ORIGIN No	23. WAS DECEASED EVER IN THE U.S. ARMED FORCES? No	
24. USUAL OCCUPATION (If deceased was a student, please specify) Executive	25. KIND OF BUSINESS OR INDUSTRY Advertising	26. MARITAL STATUS (If deceased was a student, please specify) Divorced	27. NAME OF DECEASED'S SPOUSE (If deceased was a student, please specify) [REDACTED]	
28. FATHER'S NAME (Last, First, Middle Initial) Albert Lupilloff		29. MOTHER'S NAME (Last, First, Middle Initial) Marion Goldman		
30. DECEASED'S NAME BEFORE FIRST MARRIAGE (Last, First, Middle Initial) Marion Lupilloff		31. DECEASED'S ADDRESS (Last, First, Middle Initial) [REDACTED]		
32. METHOD OF DISPOSITION (Burial, Cremation, Donation, etc.) Burial		33. PLACE OF DISPOSITION (Name of cemetery or place of burial) Clover Hill Park Cemetery		
34. NAME OF MORTUARY (Name of funeral home) [REDACTED]		35. ADDRESS OF MORTUARY (City, Village or Township, State) Birmingham, Michigan		
36. DATE OF DEATH (Month, Day, Year) July 13, 2010		37. TIME OF DEATH (Hour, Minute) 5:40 PM		
38. CAUSE OF DEATH (If death was due to a disease, please specify the name of the disease) Shot by other person		39. MANNER OF DEATH (If death was due to an accident, please specify the name of the accident) Accident		
40. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		41. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
42. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		43. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
44. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		45. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
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50. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		51. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
52. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		53. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
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58. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		59. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
60. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		61. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
62. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		63. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
64. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		65. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
66. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		67. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
68. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		69. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
70. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		71. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
72. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		73. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
74. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		75. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
76. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		77. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
78. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		79. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
80. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		81. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
82. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		83. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
84. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		85. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
86. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		87. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
88. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		89. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
90. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		91. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
92. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		93. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
94. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		95. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
96. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		97. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
98. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		99. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		
100. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		101. SIGNATURE OF DECEASED'S NEXT OF KIN (Last, First, Middle Initial) [REDACTED]		

I, Melanie Hales, Clerk of the City of Royal Oak, Oakland County, Michigan, do hereby certify that the foregoing is a true copy of the record now remaining in my office.

304381

Melanie Hales
City of Royal Oak, Michigan

This copy is not valid unless displaying embossed seal and registrar signature.

WARNING: It is illegal to duplicate this copy by Photocopy or Photograph. VALID ONLY WITH EMBOSSED SEAL.

7/12/14/2010 3:18:52 PM [Central Standard Time] OHCOLAPP0736 248 693 6040 02-19 NFV184